



**CITY OF MIAMI GARDENS**  
**CODE COMPLIANCE DIVISION**  
**Certificate of Use Application**

**Note: Application & Permit Fees are Non-Refundable**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Folio # \_\_\_\_\_

**BUSINESS INFORMATION** *(Incomplete Applications Will Not Be Processed)*

Name of Business \_\_\_\_\_

Location of Business \_\_\_\_\_

City **Miami Gardens** State **Florida** Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**TYPE OF BUSINESS DESCRIBED IN DETAIL**

☐ Home Office ☐ Office ☐ Restaurant ☐ Cosmetology Salon ☐ Hotel/Motel/Apartment

☐ Other *(please specify)* \_\_\_\_\_

Square feet \_\_\_\_\_

Previous type of business in the building in which you will conduct your business

Are you sharing space with another business? ☐ Yes ☐ No If the answer is YES, please provide the name of the primary user

**PERSONAL INFORMATION**

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

"The undersigned has carefully reviewed this application and all information contained herein has been freely and voluntarily provided. All facts, figures, statements contained in this application are true, correct and complete to the best of my knowledge and belief. The applicant also acknowledges and understand that the Issuance of a City Certificate of Use is contingent upon a zoning compliance inspection and in conjunction with the issuance of a Certificate of Occupancy, and City Business Tax Receipt. Failure to comply with the City's Ordinances may result in revocation of said Certificate of Use."

PRINT YOUR NAME

SIGNATURE

**OFFICE USE ONLY**

Conditions Under Which Approved \_\_\_\_\_

Resolutions \_\_\_\_\_

Processor's Signature \_\_\_\_\_

☐ **APPROVED**

☐ **DENIED**